

**State of Minnesota****District Court**

County _____
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Judicial District: _____
Court File Number: _____
Case Type: <u>Criminal</u>

**State of Minnesota,**\_\_\_\_\_  
Plaintiff

vs.

**Affidavit for Restitution  
Minn. Stat. §611A.04**\_\_\_\_\_  
Defendant

STATE OF MINNESOTA )  
 ) SS  
 COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, states the following losses were incurred, or  
 the following property was damaged, stolen or destroyed by Defendant.

List the value and/or damage of each property item. Also include other out of pocket losses  
 resulting from the crime. (Attach estimates or receipts. Attach another sheet if necessary.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

My losses/damages (were) (were not) covered by insurance.

Name of insurance company \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Amount of deductible \_\_\_\_\_  
 Claim No. \_\_\_\_\_ and/or uninsured loss: \$ \_\_\_\_\_

\_\_\_ Insurance claim has been submitted but has not been paid.

I declare under penalty of perjury that everything I have stated in this document is true and  
 correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**NOTE: This affidavit for restitution must be completed and returned to the court  
 administrator not later than \_\_\_\_\_. Failure to claim restitution will  
 not result in the loss of the right to pursue any other civil remedy available by law.**